

FAMILY COURT SERVICES
KING COUNTY SUPERIOR COURT
516 THIRD AVE., W-280
Seattle, WA 98104
PHONE: (206) 296-9400

DOMESTIC VIOLENCE

MOTHER

SOCIAL WORKER

FATHER

SUPERIOR COURT #:

FCS#:

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 7 DAYS TO FAMILY COURT SERVICES

1. IDENTIFYING INFORMATION:

Name:	Last	First	Middle	Birthname	Other Names
Street Address			City	State	Zip
Mailing Address (if different than above)			City	State	Zip
Home Phone	Work Phone			Can you be called at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney Name		Phone			
Birthdate/Age		Birthplace/Citizenship		Race (optional)	
Education Completed			Social Security #:		

DO YOU NEED AN INTERPRETER? ☐ Yes ☐ No FOR WHAT LANGUAGE? _____

2. CHILDREN AT ISSUE IN THIS PROCEEDING:

Name	Birthdate	Age	Living With
Name	Birthdate	Age	Living With
Name	Birthdate	Age	Living With

3. LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)

Name	Birthdate	Age	Relationship
Name	Birthdate	Age	Relationship

4. LIST OTHER ADULTS LIVING WITH YOU:

Name	Birthdate	Age	Relationship
Name	Birthdate	Age	Relationship

5. LIST YOUR MARRIAGES OR COHABITATION RELATIONSHIPS (including current)

a. Children's Other Parent: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

b. Name of Partner: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

c. Name of Partner: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

6. EMPLOYMENT/INCOME INFORMATION:

a. Current Occupation _____ Place of Employment _____ Salary/Year _____

b. Child Support Paid/Received \$ _____ Amount Current: ☐ Yes ☐ No

c. Other Income Amount: \$ _____ Source: _____

LIST EMPLOYMENT FOR LAST 5 YEARS:

Employer _____ From: -- To: _____ Salary/Year _____

7. CHECK WHICH OF THESE MOST IDENTIFY YOUR CONCERNS:

- | | |
|--|--|
| <input type="checkbox"/> Which parent the child(ren) live with | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Amount of child support | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> Decision-Making regarding the child(ren) | <input type="checkbox"/> Neglect Issues |
| <input type="checkbox"/> Medical Coverage for the child(ren) | <input type="checkbox"/> Relocation (Moving) |
| <input type="checkbox"/> Amount of time I have with the child(ren) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Amount of time other parent has with the child(ren) | |
| <input type="checkbox"/> Other (Describe): _____ | |

8. CHECK PREVIOUS COUNSELING OR SOCIAL SERVICES**Where at:**

- | | |
|--|---|
| <input type="checkbox"/> Private Counseling _____ | <input type="checkbox"/> Parenting Classes _____ |
| <input type="checkbox"/> Pastoral Counseling _____ | <input type="checkbox"/> Private Evaluator _____ |
| <input type="checkbox"/> Child Protective Services _____ | <input type="checkbox"/> Private Mediator _____ |
| <input type="checkbox"/> Drug/Alcohol Assessment _____ | <input type="checkbox"/> Psychological Evaluation _____ |
| <input type="checkbox"/> Drug/Alcohol Treatment _____ | <input type="checkbox"/> Anger Management _____ |
| <input type="checkbox"/> Other: _____ | |

Check previous services from King County Superior Court

- | | | | |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Domestic Violence Assessment | <input type="checkbox"/> Risk Assessment/Other |
| <input type="checkbox"/> CASA | <input type="checkbox"/> G.A.L. | <input type="checkbox"/> Juvenile Court | |

9. HAS EITHER PARENT EVER BEEN ARRESTED:

☐ Mother ☐ Father

Charges and Disposition: _____ Date: _____

Probation Officer: _____ Phone: _____

10. DOES EITHER PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, PLEASE EXPLAIN:

11. MEDICAL HISTORY:

Identify if either parent has any physical disability, has received psychiatric care or treatment for drug or alcohol dependency:

Mother:	Provider's Name	Address	When Treated	Nature of Problem
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Father:	Provider's Name	Address	When Treated	Nature of Problem
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12. HEALTH OF CHILDREN:

Do any of the children presently have health problems? ☐ Yes ☐ No

If yes, explain: _____

List the doctors for each child, including name, address and phone.

13. DESCRIBE HOW EACH PARENT HAS PARTICIPATED IN THE CHILD(REN)'S LIVES IN TERMS OF EDUCATION, HEALTH CARE, RELIGION, RECREATION, ETC. DURING THE PRECEDING PARENTAL SEPARATION:

14. **SINCE THE SEPARATION, WHO HAVE THE CHILD(REN) BEEN LIVING WITH? Give Dates:**

HOW OFTEN DO THE CHILD(REN) SEE THEIR OTHER PARENT? _____

WHEN DID THE CHILD(REN) LAST SEE THEIR OTHER PARENT? _____

15. **DESCRIBE THE INCIDENTS AND HISTORY WHICH LED TO FILING FOR A DOMESTIC VIOLENCE PROTECTION ORDER: DATES, INJURIES, WEAPONS INVOLVED, ETC.:**

16. **LIST AND DESCRIBE ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN (such as domestic violence, child abuse, drug or alcohol abuse, mental illness)**

WHAT CAN BE DONE TO CORRECT THE PROBLEM? _____

SHOULD EITHER PARENT'S TIME WITH CHILD(REN) BE LIMITED? IF SO, HOW?

17. DESCRIBE HOW EACH PARENT HANDLES CHILD DISCIPLINE:

18. OTHER INFORMATION: Please enclose any other documents or information you consider relevant to the evaluation.

19. REFERENCES: NAME THREE REFERENCES ONLY IN THIS MATTER. In selecting references, please try to use non-relatives who best know you, your situation and your parenting skills. **COMPLETE ADDRESSES, INCLUDING ZIP CODE,** are necessary to enable us to send our questionnaire.

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

20. RELEASE OF THIS INFORMATION

If you have additional information, reports or evaluations which may be helpful to the Family Court Services Evaluator, you may make them available.

By law, “The evaluator/investigator shall make available to counsel and to any party not represented by counsel . . . “ (1) The Evaluator / Investigator’s file; (2) Texts of diagnostic reports; (3) Names and addresses of persons consulted; and (4) Investigators and any person whom (s)he has consulted may be called for cross examination